

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9301	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF SPARTA		STREET ADDRESS, CITY, STATE, ZIP CODE 508 MOSE DRIVE SPARTA, TN 38583		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 853	<p>1200-8-6-.08(23) Building Standards</p> <p>(23) A negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the negative air pressure in the dirty utility room.</p> <p>The findings included:</p> <p>Observation of the dirty linen room on 3/5/12 at 9:53 AM, revealed the dirty linen room had positive air pressure.</p> <p>This finding was acknowledged by the executive director and verified by the plant manager during the exit conference on 3/5/12</p>	N 853	<p>N 853</p> <p>Inspection of the exhaust fan was conducted by Maintenance staff on 3/5/12 and determined the fan was operating properly. Also determined modifications to exhaust fan were needed in the dirty linen room to maintain negative air pressure. To gain amount of airflow necessary to maintain negative pressure modifications to the exhaust fan in the dirty linen room will be completed by an outside contractor by April 13, 2012. Maintenance staff will perform testing to ensure negative airflow.</p> <p>Maintenance staff conducted inspections of other exhaust fans throughout facility. Other exhaust fans found to be working properly.</p> <p>Maintenance Director will test the dirty linen room for negative air pressure monthly until 3 continuous months of 100% compliance.</p> <p>Maintenance Director will report any discrepancies to Performance Improvement Committee, consisting of Interdisciplinary Team made up of the Medical Director, DON, ED, and other department heads, for further recommendations if needed.</p>	<p>4/13/12</p> <p>3/8/12</p> <p>3/5/12</p>

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Executive Director

(X6) DATE

3/23/12

STATE FORM

6899

OW8721

If continuation sheet 1 of 1